

STATE MS.-DESOTO CO.
FILED

ESTATE OF JESSIE L. GAULT,
GRANTOR

APR 21 3 43 PM '00

TO

BK. 371 PG 404
W.E. DAVIS CH. CLK.

WARRANTY
DEED

VANCE ALLEN SIMMONS and wife,
JAMIE K. SIMMONS,
GRANTEES

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **ESTATE OF JESSIE L. GAULT** by and through the Co-Executors, **RHONDA GAULT ROBERTSON** and **JAMES B. ROBERTSON**, and Heir, **TERESA GAULT HUSTON**, does hereby sell, convey, and warrant unto **VANCE ALLEN SIMMONS and wife, JAMIE K. SIMMONS**, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 47, HERITAGE HILLS P.U.D. SUBDIVISION, Phase I, in Section 26, Township 1 South, Range 8 West, DeSoto County, Mississippi, and recorded in Plat Book 42, Page 7, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

This being the same property conveyed to the Grantor herein by Warranty Deed of record in Book 284, Page 675, in the Chancery Clerk's Office of DeSoto County, Mississippi.

By way of further explanation, Jessie L. Gault departed this life on 12/12/99, in Shelby County, Tennessee. Teresa Gault Huston, Heir, and Rhonda Gault Robertson and James B. Robertson, as Co-Executors of the Estate of Jessie L. Gault, signs this Warranty Deed after having so been authorized to do so by way of an Order Granting Authority To Sell Real Estate in Cause # 00-01-106, in the Chancery Court of DeSoto County, Mississippi. Rebecca Joleene Gault predeceased Jessie L. Gault on March 27, 1997. Both Death Certificates are hereto attached.

The warranty in this deed is subject to the rights of ways and easements for public roads and utilities shown on public records; to building, zoning, subdivision, and health department regulations in effect in DeSoto County, Mississippi and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Taxes for the year 2000 have been prorated between Grantor and Grantees and Grantees shall be responsible for payment of said taxes on due date.

WITNESS OUR SIGNATURE, this the 18th day of April, 2000.

Rhonda Gault Robertson *James B. Robertson* *Teresa Gault Huston*
RHONDA GAULT ROBERTSON JAMES B. ROBERTSON TERESA GAULT HUSTON

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named: RHONDA GAULT ROBERTSON, JAMES B. ROBERTSON and TERESA GAULT HUSTON, who acknowledged that they signed and delivered the above and foregoing Deed on the day and year therein mentioned, as their free act and deed, and for the purposes therein expressed.

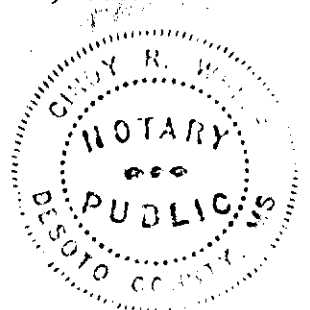
GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 18TH DAY OF APRIL, 2000.

Notary Public State of Mississippi At Large
My Commission Expires: August 23, 2003
Bonded Thru Heiden, Brooks & Garland, Inc.
Indy R. White
NOTARY PUBLIC

My Commission Expires:
Property Address: 7871 Benton Drive, Southaven, MS 38671

GRANTOR'S ADDRESS
5727 Chester St.
Wilmington, IN 38002
(901) 867-0548
HM PHONE WK PHONE

GRANTEES' ADDRESS
7871 Benton Drive
Southaven, MS 38671
682-9611 SAME
HM PHONE WK PHONE





TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0371PG0405

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) JESSE LEE GAULT, JR.				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) DECEMBER 12, 1999	
4. SOCIAL SECURITY NUMBER (of Decedent) 411-40-0718		5a. AGE (Last Birthday) (Years) 72		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) JUNE 16, 1927	
7. BIRTHPLACE (City and State or Foreign Country) JELICO, TENNESSEE		8a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) ST. FRANCIS HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS				9d. COUNTY OF DEATH SHELBY	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) PRODUCTION SUPERVISOR		12b. KIND OF BUSINESS/INDUSTRY DUPONT	
13a. RESIDENCE-STATE MISSISSIPPI		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION SOUTHAVEN		13d. STREET AND NUMBER OR RURAL LOCATION 7871 BENTON DRIVE	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) WHITE	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4		17. FATHER'S NAME (First, Middle, Last) JESSE LEE GAULT, SR.					
18. MOTHER'S NAME (First, Middle, Maiden Surname) ROUSSIA LETT		19a. INFORMANT'S NAME (Type/Print) RHONDA ROBERTSON					
19b. RELATIONSHIP TO DECEASED DAUGHTER		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5727 CHESTER STREET ARLINGTON, TN 38002					
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILL EAST CEMETERY				20c. LOCATION-City or Town, State MEMPHIS, TN	
21a. SIGNATURE OF FUNERAL DIRECTOR SUSAN RONEY		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4138		21c. SIGNATURE OF EMBALMER WILLIAM JOYNER, III		21d. LICENSE NUMBER OF EMBALMER 4341	
22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL FUNERAL HOME 2440 WHITTEN ROAD MEMPHIS, TN 38133		22b. LICENSE NUMBER OF FUNERAL HOME 918					
23. REGISTRAR'S SIGNATURE <i>Deborah J. Broen Deputy</i>		24. DATE FILED (Month, Day, Year) December 22, 1999					
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Thomas Rawlinson</i>		25b. LICENSE NUMBER 013395 (TN)		25c. DATE SIGNED (Month, Day, Year) 12/17/99			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. THOMAS RAWLINSON - 6005 PARK AVE., STE. #728-B - MEMPHIS, TN. 38119							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory failure DUE TO (OR AS A CONSEQUENCE OF): b. Septicemic sepsis DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. DESCRIBE HOW INJURY OCCURRED		31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

For use by physician or institution

CLINICAL OR MEDICAL EXAMINER EXAMINING CERTIFICATE COMPLETE AND MEDICAL CERTIFICATE WITHIN 48 HOURS

INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

33

MEMPHIS
 MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT 814 JEFFERSON AVE., MEMPHIS, TENNESSEE
 THIS IS TO CERTIFY that this is a true and correct copy of the record filed with
 the Tennessee Vital Records by the Memphis & Shelby County Health Department.
 REAL
 Date Issued **DEC 22 1999**
 11N000
 by Glenn D. Fournier
 Glenn D. Fournier, Registrar
 Vital Records Section

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

002349

TYPE-PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) REBECCA JOLENE GILKEY GAULT				2. SEX FEMALE		3. DATE OF DEATH (Month, Day, Year) MARCH 27, 1997	
4. SOCIAL SECURITY NUMBER (of Decedent) 415-48-8808		5a. AGE-LAST BIRTHDAY (Years) 67		5b. UNDER 1 YEAR MO. 03 DAY 27 MIN. 00		6. DATE OF BIRTH (Month, Day, Year) JAN. 31, 1930	
7. BIRTHPLACE (City and State or Foreign Country) HENRY, TN.		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)				9b. FACILITY NAME (If not institution, give street and number) ST. FRANCIS HOSPITAL			
9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS				9d. COUNTY OF DEATH SHELBY			
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) JESSE GAULT		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) TEACHER		12b. KIND OF BUSINESS/INDUSTRY MEMPHIS CITY SCHOOLS	
13a. RESIDENCE-STATE MS.		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION SOUTHAVEN		13d. STREET AND NUMBER OR RURAL LOCATION 7871 BENTON DR.	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5+) 4			
17. FATHER'S NAME (First, Middle, Last) SAMUEL GILKEY				18. MOTHER'S NAME (First, Middle, Maiden Surname) ELSA CLARK			
19a. INFORMANT'S NAME (Type/Print) JESSE GAULT				19b. RELATIONSHIP TO DECEASED SPOUSE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7871 BENTON DR. SOUTHAVEN, MS. 38671	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILL EAST CEMETERY		20c. LOCATION-City or Town, State MEMPHIS, TN.			
21a. SIGNATURE OF FUNERAL DIRECTOR SUSAN RONEY		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4138		21c. SIGNATURE OF EMBALMER DAVID KELLER		21d. LICENSE NUMBER OF EMBALMER 4327	
22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL FUNERAL HOME P.O. BOX 34577				22b. LICENSE NUMBER OF FUNERAL HOME MEMPHIS, TN. 38184 918			
23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i> Deputy				24. DATE FILED (Month, Day, Year) APR 08 1997			
25a. PHYSICIAN - On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN A. Earl Weeks				25b. LICENSE NUMBER MD019652		25c. DATE SIGNED (Month, Day, Year) 4-1-97	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. EARL WEEKS 6005 PARK AVE. #225-B MEMPHIS, TN. 38119							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Breast Cancer (adenocarcinoma) metastatic to the Bone and Lungs Approximate Interval Between Onset and Death 7 years Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST a. _____ DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

PHYSICIAN OR MEDICAL EXAMINER EX-
JST COMPLETE AND
3N MEDICAL CERTIFI-
CATION WITHIN 48
HOURS.

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

BK0371P60407

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

APR 19 2000

Date Issued

by

Glenn D. Fouse

Glenn D. Fouse, Registrar
Vital Records Section

George H. Fouse